UF 10/4/

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 4.18-E Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Vermont

Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals

A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

N/A

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

N/A

*Description provided on attachment.

TN No. 91-12
Supersedes Approval Date 4/27/92 Effective Date 11/1/91
TN No. NONE

HCFA ID: 7986E

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				P. C.
Revision:	HCFA-PM-91- 4 (BP AUGUST 1991	D)	ATTACHMENT 4.18-E Page 2 OMB No.:0938-	A Company
	STATE PLAN UNDER T	TITLE XIX OF THE	SOCIAL SECURITY ACT	***
	State/Territory:	Vermont		
C. State	or local funds under	other programs a	re used to pay for pr	emiums:
	Yes	/ No		
	N/A			
a prem	ium because it would	rmining whether t cause an undue h	he agency will waive ardship on an individ	payment of ual are
descri	bed below:			
	N/A			
*Descripti	on provided on attac	hment.		
TN No. 91	_12	1/2-/5-		
Supersedes TN No. NO	Approval Date	4/27/92	Effective Date 11/1/	/91